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 c.	Full Name (Last, First, Middle Initial) Val Smith Mailing Address 4800 W 26th St City Lawrence FEC ID number of contributing federal political committee. Name of Employer Univ of Kansas Receipt For: Primary General Other (specify)	State KS C Occupatio Professo Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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